north dakota department of human services	**OSTEOGENIC BONE GROWTH STIMULATOR** Service Authorization Required CMN: SFN 722
DURABLE MEDICAL EQUIPMENT MANUAL	COVERAGE AND LIMITATION CRITERIA/POLICIES
EFFECTIVE: MARCH 2007	REVISED: JULY 2017

OSTEOGENIC BONE GROWTH STIMULATOR

Indications and limitations of coverage and medical appropriateness:

Non-spinal Electrical Osteogenesis Stimulator:

- The Department may cover a non-spinal electrical osteogenesis stimulator (E0747) when any of the following criteria are met:
  - Non-union of a long bone fracture (defined as radiographic evidence that fracture healing has ceased for three or more months prior to starting treatment with the osteogenesis stimulator);
  - Failed fusion of a joint other than in the spine, where a minimum of nine months has elapsed since the last surgery;
  - Congenital pseudarthrosis;
  - Non-union of a long bone fracture must be documented by a minimum of two sets of radiographs obtained prior to starting treatment with the osteogenesis stimulator, separated by a minimum of 90 days, each including multiple views of the fracture site, and with a written interpretation by the treating physician stating that there has been no clinically significant evidence of fracture healing between the two sets of radiographs;
  - A long bone is limited to a clavicle, humerus, radius, ulna, femur, tibia, fibula, metacarpal or metatarsal.

Spinal Electrical Osteogenesis Stimulator:

- The Department may cover a spinal electrical osteogenesis stimulator (E0748) when any of the following criteria are met:
  - Failed spinal fusion where a minimum of nine months has elapsed since the last surgery;
  - Following a multilevel spinal fusion surgery;
  - Following spinal fusion surgery where there is a history of a previously failed spinal fusion at the same site;
  - A multilevel spinal fusion involves three or more vertebrae (e.g., L3-L5, L4S1, etc.).

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Ultrasonic Osteogenesis Stimulator:

- The Department may cover an ultrasonic osteogenesis stimulator (E0760) only when all of the following criteria are met:
  - Ordered by a board certified or board eligible orthopedic surgeon
  - Non-union of a fracture documented by a minimum of two sets of radiographs obtained prior to starting treatment with the osteogenic stimulator, each separated by a minimum of 90 days. Each radiograph must include multiple views of the fracture site accompanied by a written
  - interpretation by the treating physician stating that there has been no clinically significant evidence of fracture healing between the two sets of radiographs; and
  - The stimulator is intended for use prior to surgical intervention and with cast immobilization;

❖ *The above criteria are from Medicare as the department follows Medicare guidelines listed in policy for convenience. Provider should still reference Medicare for most up to date coverage criteria (for the E0760).*

Documentation Requirements:

- CMN
- Prescribing physician/practitioner note within 60 days of SA requested start date. Must address the clinical need.
- A prescription from the prescribing physician/practitioner.
- Copies of x-ray and operative reports.

The member's medical records must reflect the need for the stimulator requested. The member's medical records include, but are not limited to, the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test/diagnostic reports.

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Non-covered:

- Non covered uses for ultrasonic osteogenic stimulator
- For non-union fractures of the skull or vertebrae;
- For tumor-related fractures;
- For the treatment of a fresh fracture or delayed union; or
- When used concurrently with other noninvasive osteogenic devices;

Date Revised	Revisions
June 2017	Reviewed and reformatted. Medicare coverage criteria inserted for guidance (E0760)